

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN2603	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/30/2013
NAME OF PROVIDER OR SUPPLIER WILLOWS AT WINCHESTER CARE & REHABIL		STREET ADDRESS, CITY, STATE, ZIP CODE 32 MEMORIAL DRIVE WINCHESTER, TN 37398		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the condition of the physical plant for the safety of both staff and residents.</p> <p>The finding included:</p> <p>On 9/30/13 at 11:05 AM observation within the dietary area revealed there was no plug to the plumbing drain instead a piece of rag was used to plug the drain.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 9/30/13.</p>	N 831	<p>How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.</p> <p>A Maintenance Audit will be used to ensure compliance and will be reviewed by the interdisciplinary team five times a week for two weeks, weekly for two weeks and monthly for two months. The maintenance audit will be reviewed by the Quality Assurance Performance Improvement Committee. Maintenance Director or designee will report findings of audits and observations in the monthly Quality Assurance Performance Improvement meeting for three months for further recommendation and/or suggestions and follow-up as needed.</p>	11/7/13
N 901	<p>1200-8-6-.09(1) Life Safety</p> <p>(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.</p>	N 901	<p><u>N901</u></p> <p>How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>The magnetic door hold open device still functions properly</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

OCT 23 2013

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STREET ADDRESS, CITY, STATE, ZIP CODE

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**32 MEMORIAL DRIVE
WINCHESTER, TN 37398**

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N 901	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on testing, it was determined the facility failed to comply with the applicable building and fire safety regulations.</p> <p>The finding included:</p> <p>On 9/30/13 at 11:30 AM testing of the 'C'- wing fire door revealed the magnetic door-hold open device was loose in the wall.</p> <p>This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 9/30/13.</p>	N 901	<p>holding the door open and releases with the activation of the fire alarm. The magnetic door hold open device will be replaced and was ordered on 10/16/13.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All resident have the potential to be affected. The magnetic door hold open device still functions properly holding the door open and releases with the activation of the fire alarm. The magnetic door hold open device will be replaced and was ordered on 10/16/13. A Maintenance Audit will be used to ensure compliance.</p> <p>What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur.</p> <p>The magnetic door hold open device still functions properly holding the door open and releases with the activation of the fire alarm. The magnetic door hold open device will be replaced and was ordered on 10/16/13. A</p>	

Division of Health Care Facilities
TATE FORM

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If continuation sheet 2 of 2

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